21441Y

DECLARATIO	ON AND	Attor	ney Docket Number	21441 Y							
POWER OF AT	TORNEY	First	Named Inventor	mothy A. Blizzard							
PATENT APPL		-	COMPLETE IF KNOWN								
(37 CFR 1.6		Appli	ication Number								
Declaration Submitted with Initial OR Filing	Declaration Submitted after Initial		g Date								
	Filing (surcharge (37 CFR 1.16 (e))		p Art Unit								
	required)	Exam	iner Name								
As a below named inventor,	, I hereby declare tha	ıt:									
My residence, mailing addres	ss, and citizenship are	as state	d below next to my name	e.							
I believe I am the original, fir names are listed below) of the	rst and sole inventor (i e subject matter which	f only c	one name is listed below) ned and for which a pate	or an original, first and joint invenent is sought on the invention entitle	tor (if plural ed:						
ESTROGEN RECEPTOR MO	DULATORS										
the specification of which		C	Title of the Invention)								
bears the Attorney Dock	ket Number and Title o	of the In	vention noted above								
OR is attached hereto											
OR was filed on (MM/DD/)	vvvv		as United States Apr	plication Number or PCT Internatio	nal						
Application Number	was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.											
as defined in 37 CFR 1.56, in	cluding for continuation	on-in-p	art applications, material	ion known to me to be material to p l information which became availab late of the continuation-in-part appl	le between						
				of any foreign application(s) for pat ast one country other than the United							
America, listed below and have	e also identified below	v, by ch	ecking the box, any fore	ign application for patent or invento ation on which priority is claimed.							
Prior Foreign Application Number(s) Country			Foreign Filing Date (MM/DD/YYYY)		Priority Claimed? YES NO						
-											
Additional foreign applicat	tion numbers are listed or	n a cunni	emental priority data sheet	PTO/SB/02B attached hereto.							
I hereby claim the benefit under											
			Filing Date		Attorney Docket Number						
Application Number(s) 60/524,580 11			(MM/DD/YYYY) 003	21441PV							
		-									

Attorney Docket Number

DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

designating to is not disclose 35 U.S.C. 11	m the benefit under the United States of the United States of the United In the prior United In the Interest of In	of America ited States the duty to	, listed be or PCT in disclose	low and, insinternational information	sofar as applic known	the ation	subject: in the ine to be	matter manne : mater	of each or r provided rial to pate	of the cl d by the entabili	aims of first p ty as de	f this a aragra efined	application aph of in		
U.S. Parent Application or PCT Parent							t Filing D				Parent I				
Application Number						(MIMD	טט/ווו	1)		(if applicable)					
Addition	al U.S. or PCT inter	national ap	plication n	umbers are lis	sted on a	a supp	plementa	l priori	ty data she	et PTO/	SB/02B	attach	ed hereto.		
As a named in following regi connected the	nventor, I hereby app stered practitioner(s) rewith:	Practition OR	te this app ers Associ	individually, lication and to ated with the ner(s) named	Custom	ct all	business —	in the	with full p United Stat 00210	ower of tes Pater	substitu nt and T	ition ai	nd revocation, tark Office	the	
	Name		Registration					N	ame	ne			Registration Number		
Nicole M. Beel	er		45,194	Number	M	ark R	. Danie	1				31,913			
												<u> </u>			
											-				
Direct all correspondence to: X Customer Number 000210															
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Country	USA Telephone (73					2)594-1077 Fax					(732)594-4720				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.															
Name of Sole or First Inventor: A petition has been filed for this unsigned inventor									ntor						
Given Name (first and middle [if any])						Family Name or Surname									
Timothy A.					Bli	izzaro	<u>1</u>								
Inventor's Signature	Touth a Blogger					Date				Nov. 2, 2004					
Residence: City	Princeton		Stá	te NJ	C	Country USA				Citizenship USA					
Mailing Address	Merck & (Co., Inc. P	O. Box	2000											
City	Rahway						4 J	ZIP	07065-0	907	Coun	itry	U.S.A.		
X Additional	inventors are being	named on the	he <u>1</u> s	upplemental A	Addition	al Inv	entors(s) sheet(s) PTO/SB	/02A at	tached h	ereto.			

DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S) Supplemental Sheet

												_			
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])						Family Name or Surname									
Candido Gude															
Inventor's Signature		Candido S	ude	ude					Date	New		2,	2004		
Residence: City	Stat	en Island	State NY			Country USA		SA		Citizenship		Spair	1		
Mailing Address		Merck & Co., Inc. P.O. l		·											
City	Rahway			State			NJ ZIP 07065-0			Country			S.A.		
Name of Addition	nal J	oint Inventor, if any:				A petition has been filed for this unsigned inventor									
Give	n Na	me (first and middle [if	any])		_	Family Name or Surname									
Је пу D.					М	organ II									
Inventor's Signature	1		A P						Date	1	100.	2,	2004		
Residence: City	Woo	odbridge	State	NJ	,	Country USA				Citizenship USA					
Mailing Address															
City Rahway		-	State N		Z	ZIP	IP 07065-0907			Country	, U	S.A.			
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor										
Given Name (first and middle [if				any]) Family Name or Surname											
Inventor's Signature	J.					Date									
Residence: City			State			Country			Citizenshi						
Mailing Address															
City				Stat	te	2	ZIP			Country					
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								ntor							
Given Name (first and middle [if any])						Family Name or Surname									
Inventor's Signature							Date								
Residence: City	State					Country					Citizenship				
Mailing Address															
City						zate				Country					